

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street) ▼

680 S. Fourth St.

☐ Check if different than previously reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00242271

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer

Hank Robinson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 01 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 31 | | 2014 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div> | | <div>90947.97</div> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <div>58081.27</div> | |
| (c) Total Receipts (from Line 19) | <div>8766.94</div> | <div>103900.24</div> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <div>66848.21</div> | <div>194848.21</div> |
| 7. Total Disbursements (from Line 31)..... | <div>1000.00</div> | <div>129000.00</div> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <div>65848.21</div> | <div>65848.21</div> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <div>0.00</div> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <div>0.00</div> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 01 | / | 2014 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 31 | / | 2014 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7169.80

74637.60

(ii) Unitemized

1485.00

29150.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8654.80

103788.10

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8654.80

103788.10

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

112.14

112.14

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8766.94

103900.24

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

8766.94

103900.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 128000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 1000.00 | 1000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 1000.00 | 129000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1000.00 | 129000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 8654.80 | 103788.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8654.80 | 103788.10 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. David R Windhorst

Mailing Address 2000 Spring Farms Road

City

Floyds Knobs

State

IN

Zip Code

47119-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Financial Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094185035103

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Lawrence I Wolf

Mailing Address 4721 N Clark Street #3S

City

Chicago

State

IL

Zip Code

60640-7553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Health Info Tech Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094185135103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Katheryn J Markham

Mailing Address 10602 Taylor Farm Ct

City

Prospect

State

KY

Zip Code

40059-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Plan & Field Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094185635103

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City State Zip Code
Louisville KY 40245-5264

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR1094185935103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Patrick J Gillenwater

Mailing Address 402 Erin Drive

City State Zip Code
Jeffersonville IN 47130-5290

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir IS Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR1094186435103

Amount of Each Receipt this Period

35.00

P/R Deduction (\$17.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code
Louisville KY 40245-5307

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVP & Chief Tech Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR1094187935103

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City

Louisville

State

KY

Zip Code

40242-7771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094188035103

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Terry Carrico

Mailing Address 3011 Wolf Lair Court

City

New Albany

State

IN

Zip Code

47150-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Clin Systems Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094188235103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Martin Ardron

Mailing Address 41 La Sierra Dr.

City

Phillips Ranch

State

CA

Zip Code

91766-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094189135103

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jan Turk

Mailing Address 1314 Amelia St.

City

New Orleans

State

LA

Zip Code

70115-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Resource CEO HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094190035103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Larry Foster

Mailing Address 1134 W. Granville Avenue
Unit 815

City

Chicago

State

IL

Zip Code

60660-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094190335103

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Theodore Welding

Mailing Address 2448 Middle River Dr.

City

Ft Lauderdale

State

FL

Zip Code

33305-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO III HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094191335103

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City

Louisville

State

KY

Zip Code

40207-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Med Off HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094192235103

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Deborah R Doddridge

Mailing Address 312 Hill Street NW

City

Depauw

State

IN

Zip Code

47115-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Procure Sys & Cap

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094193035103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Joel W Day

Mailing Address 2017 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP CFO NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094193135103

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

510.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Susan Moss

Mailing Address 161 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Mktg & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1094193335103

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Michael C Lozier

Mailing Address 7028 Westridge Forest Court

City

Lanesville

State

IN

Zip Code

47136-9468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Purch Contract Adm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1094193735103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City

Prospect

State

KY

Zip Code

40059-9332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1094193935103

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City

Louisville

State

KY

Zip Code

40241-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Gen Coun & CDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094194235103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mary L Dennison

Mailing Address 4678 Mount Eden Road

City

Shelbyville

State

KY

Zip Code

40065-9331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Mgr Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094194835103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Michael J Bean

Mailing Address 4304 Hill Top Road

City

Louisville

State

KY

Zip Code

40207-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094195135103

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City

Louisville

State

KY

Zip Code

40241-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094195435103

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. John Lucchese

Mailing Address 14401 Broad Oak Place

City

Louisville

State

KY

Zip Code

40245-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Accting Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1632.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094195935103

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Rose M Michels

Mailing Address 6503 Chenoweth Run Road

City

Louisville

State

KY

Zip Code

40299-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Tax Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094196035103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Joseph Landenwich

Mailing Address 1822 Casselberry Road

City

Louisville

State

KY

Zip Code

40205-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Co Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094196335103

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Arthur L Rothgerber

Mailing Address 8325 Regency Woods Way

City

Louisville

State

KY

Zip Code

40220-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094196435103

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Linda M O'Bryan

Mailing Address 1614 Sylvan Way

City

Louisville

State

KY

Zip Code

40205-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Patient Care & Qual HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094196735103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

206.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Douglas Curnutte

Mailing Address 1014 Springside Way

City

Louisville

State

KY

Zip Code

40223-3786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Corporate Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094197235103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City

Louisville

State

KY

Zip Code

40204-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094197335103

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. William M Altman

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094198035103

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

466.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael Comer

Mailing Address 12 Lewis

City State Zip Code
Irvine CA 92620-3362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & CFO West Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094200435103

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Steven Monaghan

Mailing Address 222 East Witherspoon Drive
#1203

City State Zip Code
Louisville KY 40202-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2492.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094200735103

Amount of Each Receipt this Period

312.00

P/R Deduction (\$156.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. John Miner

Mailing Address 4730 Dunnie Drive

City State Zip Code
Tampa FL 33614-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094202135103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

422.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Julie Feasel

Mailing Address 6211 Iroquios Ct.

City State Zip Code
 Odessa FL 33556-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094203035103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Charles D Doten

Mailing Address 7644 Harbour Blvd.

City State Zip Code
 Miramar FL 33023-6566

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094203635103

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Timothy L Simpson

Mailing Address 2924 Majestic Oaks Lane

City State Zip Code
 Green Cove Springs FL 32043-8329

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094204335103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City Ashburn State VA Zip Code 20147-3722

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Business Implement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094205135103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Anita Tillery

Mailing Address 3512 Raytee Drive

City Chesapeake State VA Zip Code 23323-1232

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094211035103

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Donna M Nackers

Mailing Address 1760 Waters Ferry Drive

City Lawrenceville State GA Zip Code 30043-3176

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Mgr Operational Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094212535103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael W Beal

Mailing Address 2811 #203 Danzig Place

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
President NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094214135103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Julie Butenko

Mailing Address 1835 Franklin Street # 303

City State Zip Code
San Francisco CA 94109-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc

Occupation
DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094216935103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Gloria J Miller

Mailing Address 3528 Rhett Butler Place

City State Zip Code
Charlotte NC 28270-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094222135103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Ronald D Long

Mailing Address 148 Cheyenne Road

City

Shelbyville

State

KY

Zip Code

40065-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Contract Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094224535103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. James E. Bell

Mailing Address 14213 Aiken Road

City

Louisville

State

KY

Zip Code

40245-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Div Reimb HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094225035103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Catharine C Young

Mailing Address 6303 Deep Creek Drive

City

Prospect

State

KY

Zip Code

40059-9318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & Employment Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094228035103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary W Miller

Mailing Address 3201 Vista Verde Lane SW

City

Tumwater

State

WA

Zip Code

98512-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Clinical Impl Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094228435103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Patricia M McGillan

Mailing Address 510 Altagate Rd

City

Louisville

State

KY

Zip Code

40206-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Pat Saf & Reg Compl HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094229935103

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Pete Kalmey

Mailing Address 3502 Hedgewick Place

City

Louisville

State

KY

Zip Code

40245-8497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Operating Officer H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094232035103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary J Yesue

Mailing Address P. O. Box 921

City

York Harbor

State

ME

Zip Code

03911-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dist Dir Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094232135103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Edward J Goddard

Mailing Address 32 Peters Lane

City

Wrentham

State

MA

Zip Code

02093-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094233535103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City

Lagrange

State

KY

Zip Code

40031-8098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP Case Mgmt NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094235435103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Douglas Roth

Mailing Address 3272 E. Germana Circle

City State Zip Code
Sandy UT 84093-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Finance West Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094237335103

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Brian Newman

Mailing Address 953 Francis Avenue

City State Zip Code
Bexley OH 43209-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP East Region HCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094243335103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Raymond J Sierpina

Mailing Address 14 Westwind Road

City State Zip Code
Louisville KY 40207-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Pub Pol & Gov Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094246635103

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Steven Tanner

Mailing Address 1059 Mt Vernon Dr

City

Greenwood

State

IN

Zip Code

46142-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094246835103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Benjamin A Breier

Mailing Address 5400 Farm Ridge Lane

City

Prospect

State

KY

Zip Code

40059-7617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President&COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1094250935103

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Michael L. Moody

Mailing Address 10606 Taylor Farm Ct

City

Prospect

State

KY

Zip Code

40059-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1135243735103

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

504.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Josephine Litzenberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.
Apt 1201

City State Zip Code
St Petersburg FL 33716-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Cnslt Mgd Care Contrac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1135286935103

Amount of Each Receipt this Period

36.00

P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Gregory T Hayden

Mailing Address 7207 Trail Ridge Court

City State Zip Code
Louisville KY 40241-6298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir State Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1150400135103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City State Zip Code
Westford VT 05494-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1150411135103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

106.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Bresee

Mailing Address 4155 SW 192nd Avenue

City
Aloha

State
OR

Zip Code
97007-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1227852435103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mark D. Johnson

Mailing Address 3011 Springcrest Drive

City
Louisville

State
KY

Zip Code
40241-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Mgr Desktop Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1336786735103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mary D Van De Kamp

Mailing Address 251 Arbor Lane

City
Green Bay

State
WI

Zip Code
54301-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Clinical Eff Care Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1408953135103

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Pamela A. Adams

Mailing Address 5912 Mercury Dr

City

Louisville

State

KY

Zip Code

40291-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1408953235103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Katherine W Gilchrist

Mailing Address 1668 Victory Court

City

Prospect

State

KY

Zip Code

40059-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP CFO RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1524244435103

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. David M Mikula

Mailing Address 4616 Hallmark Drive

City

Dallas

State

TX

Zip Code

75229-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Enterprise Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1774751735103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Philip B Ragsdell

Mailing Address 12004 Log Cabin Lane

City

Louisville

State

KY

Zip Code

40223-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Dir Customer Supp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1784229535103

Amount of Each Receipt this Period

44.00

P/R Deduction (\$22.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Lawrence J. Toye

Mailing Address 3 September Lane

City

Burlington

State

MA

Zip Code

01803-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1784230835103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Carol Falo

Mailing Address 7041 Clubview Dr

City

Bridgeville

State

PA

Zip Code

15017-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Chief Clinical Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1784231535103

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

144.00

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Kelly A Priegnitz

Mailing Address 160 South St. Gregory Church Road

City State Zip Code
 Samuels KY 40013-7455

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP & Chief Compl Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2014

Transaction ID : PR1950875235103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Matthew B Steinberg

Mailing Address 9009 Anemone Drive

City State Zip Code
 Prospect KY 40059-6576

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Litigation Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2014

Transaction ID : PR1961243235103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Jeffrey M Jasnoff

Mailing Address 9012 Coltsfoot Trace

City State Zip Code
 Prospect KY 40059-7672

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Human Resources Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2014

Transaction ID : PR1961243335103

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey P Stodghill

Mailing Address 2002 Kenilworth Place

City

Louisville

State

KY

Zip Code

40205-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1961243435103

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. James T Flowers

Mailing Address 4020 Gilman Avenue

City

Louisville

State

KY

Zip Code

40207-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Corp Dev & Fin Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1975144135103

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Linda R Kurland

Mailing Address 6109 Forest Lane

City

Fort Worth

State

TX

Zip Code

76112-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484235103

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael J Dixon

Mailing Address 2694 Whitetail Ln

City

O Fallon

State

MO

Zip Code

63368-7139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484335103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

B. James M Douthitt

Mailing Address 160 N Sappington Rd

City

Saint Louis

State

MO

Zip Code

63122-4854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Operations SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484435103

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Patricia M Henry

Mailing Address 2555 N Pearl St
#502

City

Dallas

State

TX

Zip Code

75201-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVP President RehabCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484535103

Amount of Each Receipt this Period

190.00

P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Sherrie Sharp

Mailing Address 11 Talais Drive

City

Little Rock

State

AR

Zip Code

72223-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484635103

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City

Frisco

State

TX

Zip Code

75034-0715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484735103

Amount of Each Receipt this Period

54.00

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Mary Claire Willman

Mailing Address 440 Belleview Avenue

City

Saint Louis

State

MO

Zip Code

63119-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1983484835103

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

194.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stephen R Cunanan

Mailing Address 7913 Farm Spring Drive

City

State

Zip Code

Prospect

KY

40059-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief People Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2975.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR2151070235103

Amount of Each Receipt this Period

350.00

P/R Deduction (\$175.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Stephen Farber

Mailing Address 3611 Glenview Avenue

City

State

Zip Code

Glenview

KY

40025-7502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Exec VP & CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

08 / 31 / 2014

Transaction ID : PR2201869635103

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. John David Cross

Mailing Address 1731 Randons Point Drive.

City

State

Zip Code

Sugar Land

TX

77478-4270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR2204224135103

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

884.60

7169.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address P.O. Box 17813

City
Richmond

State
VA

Zip Code
23226

FEC ID number of contributing
federal political committee.

C C00355461

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

112.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 61635242

Amount of Each Receipt this Period

112.14

Refund of contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.14

112.14

| | | | | | | | | | | | |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
| | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | X 29 | | 30b |

Kindred Healthcare, Inc. PAC

1000.00